



2013
FALL SKILLS CAMP
REGISTRATION FORM

CAMP DIVISION

- INTRODUCTORY, Grade 2-5, Camp Fee \$100.00
- INTERMEDIATE, Grade 6-9, Camp Fee \$100.00
- HIGH SCHOOL, Grade 10-12, Camp Fee \$100.00

Make cheques payable to **Stony Plain Basketball**.

Mail to Box 3139, Stony Plan, AB, T7Z 1Y4 or Drop off at Stony Plain Town Office upstairs.

Camp Start date – Mid September, End date - Mid November
Watch website for details www.stonyplainbasketball.com

Player's Full Name: _____

Age: _____ Grade in _____ Sex: F / M

School attending: _____

Mailing address: _____

City/Town: _____

Phone:(____) _____, Cell (____) _____

E-Mail Address: _____

Date of Birth: _____

Parent/s Name: _____

Medication: _____

Does this athlete carry and know how to administer his/her own medication?
Yes/No/NA

Allergies: _____,

Other Conditions (braces, contacts lenses,
etc) _____

Emergency Contact Name: _____, Phone (____) _____

RELEASE FORM

In consideration of this application for registration, I, intending to be legally bound, for myself, and my heirs, executors, and administration, waive and release any and all rights for damages that I sustained and suffered by me in connection with my association with or entry to this camp and which may arise out of my traveling to or from the camp. We are unaware of any illness or injury that would prevent full participation in this camp.

I also consent to the display of my child's pictures on Stony Plain Basketball's website.

Parent's Name _____, Parent's signature _____

Date: _____